



STATE OF TENNESSEE  
BUREAU OF TENNCARE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
310 GREAT CIRCLE ROAD  
NASHVILLE, TENNESSEE

This notice is to inform TennCare pharmacy providers of important changes to the pharmacy program. Please forward or copy this information to any providers that may be affected by these changes.

### **NEW TENNCARE PHARMACY NOTICE FORMS**

On January 1, 2006, several major changes related to the *Grier Consent Decree* will take effect. TennCare enrollees will no longer be entitled to a 3-day supply of medication (interim supply) every time a prescription is blocked at the point of sale due to a PDL or DUR edit. Instead, a 3-day supply will **only** be dispensed if the pharmacist determines that the situation represents an emergency (emergency supply). In addition, no enrollee will be permitted to return to the pharmacy and receive the remainder of the supply unless the prescriber has obtained prior authorization. First Health has been providing training across the state regarding these new procedures and more information is available at: [https://tennessee.fhsc.com/Downloads/provider/TNRx\\_Workshop\\_Powerpoint.pdf](https://tennessee.fhsc.com/Downloads/provider/TNRx_Workshop_Powerpoint.pdf). First Health is hosting an educational Conference Call as identified below;

- **Tuesday, December 20:** 6:00 p.m. to 8:00 p.m. CST (7:00 p.m. to 9:00 p.m. EST)

Dial-in information for the Conference Call:

1. Conference Call toll-free access number: 866-655-7960
2. Guest Room number: 2468076. You will be prompted to enter the guest room number.
3. While on the Conference Call, you may mute your phone by pressing the # button.

The purpose of this correspondence is to provide you with the new notice that must be used effective January 1, 2006. Please discard any old notices you may have in stock on January 1st, and replace with the new notice. Prior to January 1, 2006, participating pharmacy providers will be sent a packet containing a pad of the new Prior Authorization Required Forms. The new notice may also be downloaded from the TennCare/First Health website at: <https://tennessee.fhsc.com/Downloads/provider/PARF.pdf>. Requests for additional notice forms can be faxed to 615-741-0078.

The new procedures regarding provision of notice are as follows: Pharmacists must attempt to contact the prescriber if a prescription is denied at POS for rejections such as: PA required (but not sought), therapeutic duplication, non-preferred medication, etc. If the pharmacist has reached the prescriber and resolved the matter, the patient will not receive the new Prior Authorization Required form. In that circumstance, the pharmacist will either be:

1. Dispensing a drug to the enrollee (because the prescriber obtained a PA or made a therapy change to a drug for which no PA was required), or
2. Informing the enrollee that the prescriber has withdrawn the original medication order (e.g. after the prescriber found out that the prescription was a therapeutic duplication, the prescriber canceled the prescription)

If the pharmacist is unsuccessful in reaching the prescriber and resolving the matter, the pharmacist must provide the enrollee with the **NEW** Prior Authorization Required form (attached). If the pharmacist does reach the prescriber and he/she indicated that he/she would seek PA (but it hasn't been obtained yet), the pharmacist should still give the enrollee the Prior Authorization Required form, but the pharmacist can also suggest that, before attempting to contact their doctor, the enrollee try returning or contacting the drug store later to see if they can pick up their drug because the PA has been obtained.

## Drug Store Notice Form (Old)

TTY/TTD: 1-800-772-7647 313-9240 in Nashville area SI HADLA ESPAÑOL, Tel. 1-800-254-7568

**TENNCARE DRUG STORE NOTICE**  
(Top section to be completed by the Pharmacy)

Drug Store Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Pharmacist's Initials \_\_\_\_\_

Today's Date: \_\_\_\_\_ Enrollee Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Doctor's name: \_\_\_\_\_ Phone# \_\_\_\_\_ Medicine ordered: \_\_\_\_\_

We cannot fill your prescription now.

1. ☐ Your doctor did not prescribe a TennCare drug or get TennCare to OK this drug. If this reason is checked, TennCare can pay for a supply of your drug (three days of medicine). Just ask for it. If you do not get a supply of medicine, call TennCare Solutions at 1-800-878-3192 right away (free call).

Do you need this medicine for more than three days? TennCare will talk to your doctor about your medicine. All you need to do is come back to this drug store in four days or before your three day supply is gone. You will get the medicine that your doctor wants you to have. (You should call this drug store before you come back. Ask if your medicine is ready.) Don't have a ride back to this drugstore? Call your TennCare plan as soon as possible. If you do not get more medicine when you come back you can appeal. You will have 30 days to appeal.

If you do not get any medicine today, you can appeal now. Fill out the bottom of this form. Or call TennCare Solutions at 1-800-878-3192. You will not get any medicine today if:

2. ☐ Taking this drug could be a danger to your health.  
3. ☐ The federal government has decided that this drug does not work as well as other similar medicines.  
4. ☐ This drug is part of a group of drugs that TennCare does not cover for adults.  
5. ☐ You did not accept the generic medicine that your doctor prescribed and we offered to you.

**Need help? Call TennCare Solutions at 1-800-878-3192 (free call).**

I got this form at the drugstore: Yes \_\_\_\_\_ No \_\_\_\_\_

Patient signature: X \_\_\_\_\_

I got part of my medicine and TennCare paid for it: Yes \_\_\_\_\_ No \_\_\_\_\_ (If you do not get more medicine when you come back, you can appeal. You will have 30 days to appeal.)

Patient Signature: X \_\_\_\_\_

I paid for my medicine: Yes \_\_\_\_\_ No \_\_\_\_\_ (If you paid for your medicine you have 30 days to appeal.)

Patient Signature: X \_\_\_\_\_

**TENNCARE APPEAL FOR MEDICINE**  
(To be Filled Out by Patient)

X \_\_\_\_\_ Sign here to appeal. I want to appeal and it is OK for TennCare to see my medical records. If I got part of my medicine at the drug store, I want to keep getting the medicine as the doctor ordered or until my appeal is over. I understand my appeal is over when I get all the medicine my doctor ordered.

Name of person filling out form \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_


Zip Code: \_\_\_\_\_ Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Area code \_\_\_\_\_

Fill out the bottom of this form. Fax the whole page to TennCare Solutions at 1-888-345-5575 (toll free). OR Mail it to TennCare Solutions at PO Box 000593, Nashville, TN 37202-0593. Questions? Want to appeal by phone? Call 1-800-878-3192 (free call).

## Prior Authorization Required Form (New)

DS 6 NPA.1

  
STATE OF TENNESSEE  
BUREAU OF TENNCARE  
P.O. Box 20907  
Nashville, Tennessee 37202

**Do you need help?**  
• Call 1-800-639-9156 for free.  
Versión en español atrás

Today, \_\_\_\_\_ Date \_\_\_\_\_ Member Name \_\_\_\_\_ Member SSN \_\_\_\_\_ can't get this drug.

• \_\_\_\_\_ Drug Name \_\_\_\_\_

**WHY?** Your doctor must get TennCare's OK before TennCare will pay for this medicine. (It's called a "prior authorization" or "PA.")

**What can you do? FIRST, call your doctor.** Your drug store will try to call your doctor. BUT, you still need to call your doctor too. Tell your doctor you couldn't get your medicine. Ask if you still need this drug or one like it. If your doctor says you do, tell him he has to get an OK from TennCare. Ask your doctor to do one of these things right away:

- Call First Health to get an OK for this medicine
- OR, change your prescription to a drug that doesn't need an OK.

**What if your doctor gets an OK or changes your prescription?** Then, you'll get the drug your doctor prescribed. You'll have to go back to the drug store to pick it up.

**What if your doctor asks for an OK and we say no?** Then, we'll send you a letter that says why we turned you down. It will also say how to appeal if you think we made a mistake.

**What if your doctor DOESN'T call for an OK or change your prescription?** Then, you can call 1-800-639-9156.

**When you call, please have these 3 things:**

1. This page with the name of the drug that needs an OK, AND
2. Your doctor's name and phone number, AND
3. The name and phone number of your drug store.

**REMEMBER:** Call your doctor **FIRST**. That's the easiest way to get an OK. If you still need help after you've called your doctor, then call 1-800-639-9156.

We may ask you questions about your health problems. If we need more information, we'll try to call your doctor. We'll decide if you have an OK to get this drug within 3 business days. (Business days don't include weekends or holidays.)

If you get an OK or a different prescription, we'll send you a letter. It will say that you'll get the drug your doctor prescribed. You'll have to go back to the drug store to pick it up.

**What if you don't get an OK?** Then, we'll send you a different letter that says why we turned you down. It will also say how to appeal if you think we made a mistake.

**We do not allow unfair treatment in TennCare.** No one is treated in a different way because of race, color, birthplace, language, sex, age, or disability. Do you think you've been treated unfairly? Do you have more questions or need more help? If you think you've been treated unfairly, call the Family Assistance Service Center for free at 1-866-311-4287.

Dev: 01Dec05